

COUNTY AND MUNICIPAL PROBATION ADVISORY COUNCIL

APPLICATION FOR REGISTRATION AS A PROBATION ENTITY

Submission of this application does not provide approval or registration as a probation entity. Written approval of this registration application must be received before a probation entity is registered in accordance with Title 42, Chapter 8 of the Official Code of Georgia.

Have you ever been registered with the Council before? Yes _____ No _____

Entity Name: _____

Doing business as (dba) if applicable: _____

A. Type of Entity:

Private Company ☐

Please check all that apply to the applicant entity:

Incorporated ☐

Sole Proprietor ☐

Limited Liability ☐

Limited Partnership ☐

Other: ☐

B. Application Contact – Entity Agent:

Name:

Mailing Address:

Phone Number:

Fax Number:

Email Address:

Position/Relationship with Applicant Entity:

C. Liability and Bonding Insurance Information: (*please attach rider*)

In addition to the information below, the following should be included: coverage type, amount of coverage, and the entity covered for both types of coverage.

Agent Name:

Company Name:

Mailing Address:

Phone Number:

D. Entity Owner/Agent Qualifications:

(This section must be completed for each owner, agent, and any person having financial interest in the probation entity and all officers, if incorporated. Please attach additional pages as necessary.)

Name:

Mailing Address:

Phone Number:

Fax Number:

Email Address:

Position/Relationship with Applicant Entity:

Date of Birth:

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Name:

Mailing Address:

Phone Number:

Fax Number:

Email Address:

Position/Relationship with Applicant Entity:

Date of Birth:

.....

Name:

Mailing Address:

Phone Number:

Fax Number:

Email Address:

Position/Relationship with Applicant Entity:

Date of Birth:

E. Probation Supervisor:

Name:

Mailing Address:

Phone Number:

Fax Number:

Email Address:

Position / Relationship with Applicant Entity:

Resume Attached: Yes ☐ No ☐

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F. Are you owned by or a subsidiary of a company or corporation?

YES ☐ NO ☐ If yes,

Name of Corporation:
Corporate headquarters:
Address:
Phone Number:
Email or web address:

Registered Agent for corporation in the State of Georgia:
Name:
Address:
Phone Number:
Email:

Is this company or corporation registered with the Secretary of State in Georgia?

YES ☐ NO ☐

If yes,

Corporate Officers as registered with the Secretary of State in Georgia:

CEO
Name:
Address:
Phone:
Email:

CFO
Name:
Address:
Phone:
Email:

Secretary
Name:
Address:
Phone:
Email:

G. Probation Service Plan (Rule 501-3-.22(f)):

The registration application must demonstrate through a written plan or a sample contract form the reasonable ability to furnish continuous service in compliance with private probation entity requirements from the date operation commences. Plans and contracts must minimally contain the following information and must be filed and maintained current with the council:

Check:

- ☐ (1) The extent of the services to be rendered by the private corporation or enterprise providing probation supervision;
- ☐ (2) Any requirements for staff qualifications, to include those contained in this Code section as well as any surpassing those contained in this Code section;
- ☐ (3) Requirements for criminal record checks of staff in accordance with the rules and regulations established by the County and Municipal Probation Advisory Council;
- ☐ (4) Policies and procedures for the training of staff;
- ☐ (5) Bonding of staff and liability insurance coverage;
- ☐ (6) Staffing levels and standards for offender supervision, including frequency and type of contacts with offenders;
- ☐ (7) Procedures for handling the collection of all court ordered fines, fees, and restitution;
- ☐ (8) Procedures for handling indigent offenders to ensure placement of such indigent offenders irrespective of the ability to pay;
- ☐ (9) Circumstances under which revocation of an offender's probation may be recommended;
- ☐ (10) Reporting and record-keeping requirements;
- ☐ (11) Default and contract termination procedures;
- ☐ (12) A schedule of the range of all fees and charges paid by probationers supervised by the entity, as well as a listing of all probation fees paid by probationers outside the range.

**ATTACH THE WRITTEN PROBATION SERVICE PLAN OR SAMPLE
CONTRACT THAT INCLUDES THE ABOVE ITEMS**

H. Probation Service Locations:

(Photocopy blank and complete as necessary.)

Name of Manager:

Position/Relationship with Applicant Entity:

Office Address (City, State):

County:

Office Mailing Address:

Phone Number:

Fax Number:

Email Address:

Courts Served (please list all courts served by this office):

Number of Employees at this office:

Are there any other businesses or services operating out of this location?

Yes ☐ No ☐

If yes, please indicate name and type of business or service:

.....

Name of Manager:

Position/Relationship with Applicant Entity:

Office Address (City, State):

County:

Office Mailing Address:

Phone Number:

Fax Number:

Email Address:

Courts Served (please list all courts served by this office):

Number of Employees at this office:

Are there any other businesses or services operating out of this location?

Yes ☐ No ☐

If yes, please indicate name and type of business or service:

.....

Name of Manager:

Position/Relationship with Applicant Entity:

Office Address (City, State):

County:

Office Mailing Address:

Phone Number:

Fax Number:

Email Address:

Courts Served (please list all courts served by this office):

Number of Employees at this office:

Are there any other businesses or services operating out of this location?

Yes ☐ No ☐

If yes, please indicate name and type of business or service:

(Approved 4-12-10)

Updated 3/22/2013

I. Exclusions

I/We verify by checking the boxes that none of the following own, operate, direct, or serve as an employee or agent of this applicant probation entity:

- ☐ Any employee of the Council, or any spouse thereof;
- ☐ Any judge, public probation officer or employee, employee of a court in this state, or any spouse thereof, to the extent services are to be provided within the same jurisdiction served by the judge, public probation officer, or court employee.
- ☐ Any person for whom owning, operating, directing or serving as an employee or agent would pose an actual, potential, or apparent conflict of interest due to the existence of a fiduciary, business or personal relationship with any probationer or employee or agent in a position to exert undue influence, exploit, take undue advantage of or breach the confidentiality of any probationer.
- ☐ Any person who has been convicted of a felony offense.
- ☐ Any person who has been convicted of a domestic violence offense.

I/We verify the following statements by checking the boxes:

- ☐ No owner, operator, director, employee or agent of this applicant entity owns, operates, or has any interest in any finance business or lending institution which makes loans to probationers under its supervision.
- ☐ No owner, operator, director, employee or agent of this applicant entity owns, operates, or has any interest in, instructs at, or is employed by any private entity which provides drug or alcohol education services or offers DUI Alcohol or Drug Use Risk Reduction Programs certified by the Department of Human Resources.
- ☐ No owner, operator, director, employee or agent of this applicant entity will specify, directly or indirectly, a particular alcohol or drug education program; which a probationer may or shall attend. Upon request, probationers will be provided with the names of DUI Alcohol or Drug Use Risk Reduction Programs certified by the Department of Human Resources.
- ☐ No owner, operator, director, employee or agent of this applicant entity owns, operates, or has any interest, financial or otherwise, in any private entity which provides ignition interlock services and will not directly or indirectly refer probationers to specific ignition interlock service providers. This shall not prohibit furnishing probationers with the names and locations of all ignition interlock providers certified by the Department of Motor Vehicle Safety.

I do hereby solemnly swear or affirm that all information and statements contained within this application for registration with the County and Municipal Probation Advisory Council are true and accurate;

This application contains full disclosure regarding the ownership of applicant probation entity and all persons or entities having a financial interest therein;

I understand that this applicant entity cannot solicit, negotiate, or enter into contracts to provide probation services until written approval of registration has been received from the County and Municipal Probation Advisory Council.

Entity Owner/Agent Signature

Date

Position

Notary Public

Date

My Commission Expires

Verification of Lawful Presence

Consistent with the Illegal Immigration Reform and Enforcement Act of 2011 (O.C.G.A. § 50-36-1(e)), effective January 1, 2012, persons making application with the County and Municipal Probation Advisory Council for registration or registration renewal on behalf of a misdemeanor probation entity must verify their lawful presence in the United States.

Therefore, before your misdemeanor probation entity registration can be issued or renewed, you are required to:

1. **Provide a copy of a secure and verifiable document issued to you by a state or federal jurisdiction or recognized by the United States government and that is verifiable by federal or state law enforcement, intelligence, or homeland security agencies.** A listing of acceptable secure and verifiable documents, as determined by the Office of the Attorney General, Georgia, can be found here:
http://law.ga.gov/vgn/images/portal/cit_1210/63/43/173963603Secure_and_verifiable_document_list%208.5.11.pdf
2. **Execute a signed and sworn affidavit verifying your lawful presence in the United States.** The affidavit to use for this purpose can be found here: [LINK to affidavit]

I understand that my misdemeanor probation entity's registration cannot issue or be renewed until the two documents as described within this section ("Verification of Lawful Presence") have been received by the County and Municipal Probation Advisory Council. I further understand that I will need to submit these documents to the County and Municipal Probation Advisory Council **by fax at 770-342-4780, or via email to cmpac@gaaoc.us** prior to, or contemporaneously with, my submission of this misdemeanor probation registration renewal.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for registration renewal on behalf of (entity name) _____, as referenced in O.C.G.A. § 50-36-1, from the County and Municipal Probation Advisory Council of the Judicial Council of Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: